	CLAIMS A	SFIL	- PAST	i :				_			
TOTAL CLAIMS		(Column 1)			(Column 2)		TYPE -		OF	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	<u>L</u> .					RATE	FEE	٦	RATE	FEE.
FOA		NUMBER FILED		γμ	BER EXTRA		BASIC FE	ŧ	ОЯ		
TOTAL CHARGEABLE CLAIMS		/// minus 20= 1.		٠. –	<del>.</del>	I	X\$ 9=	1		X\$18=	<del>                                     </del>
INDEPENDENT C	3 minus 3 =				l	X40=		OR	X80=	1.	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			+270=	<del> </del>
If the difference	less than zero, enter "O" in column 2				TOTAL	├	loa	TOTAL	2/2		
CLAIMS AS AMENDED - PART II						. •		<u> </u>	<b>1</b> 00		THAN
	(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AENT A	REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER. USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		HATE"	ADDI- TIONAL FEE
Total  ind pendent	<u> </u>	Minus	<u> </u>		•		X\$ 9-		OR	X\$18=	
	NTATION OF ME	Minus II TIPI E DE	PENDENT	CH AIRE	l• —		X40-		OR	X80-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' '	+135=		ОЯ	+270=	
6 Malille						, A	TOTAL		OR ,	YOYAL ODIT, FEE	1.
QUYIUY	(Column 1)		(Column	1.2)	(Column 3)	٠.			·. · · ·		
Lorgia Company	REMAINING AFTER AMENDMENT		PREVIOU PAID FO	A.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	ame	Minus	••,		•	ſ	X\$ 9=		OR!	X\$18=	
Independent	NTATION OF MU	Marie .	***		•	: [	X40=		OR	X80=	
Trinoi racati	:	LTIPLE DE	ENUENIC	LAIN	للا	T	+135=		OR	+270=	
				•		L	TOTAL DOT, FEE		~ L	TOTAL DDIT, FEE	-
1-24-0	Column 1)		Cotumn	2)	(Column 3)	~	AA1. FEE &			DUIT. PEEK	$\neg \neg$
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	$\cdot \Gamma$	RATE	ADDI- FIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
Total	. 19	Minus	. 20	2		Γ	X\$ 9a		o, ſ	X\$18=	
EIDST DOCKE		Minus	6			r	X40=	$\neg$	os l	X80=	$\neg \neg$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T.	+135=:		OR	+270=	一
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						L	TOTAL			TOTAL	
"If the Highest Number The Highest Number 1	iber Previously Par	s Far (NHTH):	S SPACE is la	ns than	3. enter "3."		OIT. FEE 🛴 I in the appr		~	DOIT. FEE L MA 1.	
<u> </u>											3

FORM PTO-075

Polen and Tisosmark Office, U.S. DEPARTMENT OF COMMERCE